

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	1,124,021	-0.10%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Adopting NCCI January 1, 2010 rates

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

ACIG Insurance Company  
Name of Company

Courtney Howerton - Underwriting Operations Manager  
Official - Title

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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

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JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
effective 01/01/2010.

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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Life of Insurance	40,611,325	-2.1%

\* Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

Adopting NCCI IL-2009-09

NCCI'S JAN 1, 2010 LOSS COSTS.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

ACUITY, A Mutual Insurance company

Name of Company

Regulatory Filing Technician

Official - Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective January 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$25,012,927	-0.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

American Home Assurance Company  
Name of CompanyWalter Murphy  
Filings Analyst  
Official - Title**FILED**

JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS**FILED**

JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

H29219D

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**Change in Company's premium or rate level produced by rate revision **JAN 01 2010**  
effective January 1, 2010.

		STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS	
(1)	(2)	Percent	Change (+or-) **
Coverage	Annual Premium Volume (Illinois) *		
1. Automobile Liability Private			
Passenger			
Commercial			
2. Automobile Physical Damag			
Private Passenger			
Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Worker's Compensation	\$176,515		5.6%
Life of Insurance			

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): Adopt NCCI's 1-1-10 rate revision with a deviation factor of 0.97.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Ansur America Insurance Company

Name of Company

Wanda Raymond, R&D CL Senior Associate

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**Change in Company's premium or rate level produced by rate revision **JAN 01 2010**  
effective 01/01/2010

			STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS	
			Percent	
(1)	(2)		Change (+or-) **	
Coverage	Annual Premium Volume (Illinois) *			
1. Automobile Liability Private Passenger Commercial				
2. Automobile Physical Damag Private Passenger Commercial				
3. Liability Other Than Auto				
4. Burglary and Theft				
5. Glass				
6. Fidelity				
7. Surety				
8. Boiler and Machinery				
9. Fire				
10. Extended Coverage				
11. Inland Marine				
12. Homeowners				
13. Commercial Multi-Peril				
14. Crop Hail				
15. Other Workers' Compensation	\$1,373,000		0.0 %	
Life of Insurance				

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Advisory Voluntary Workers' Compensation Rates  
and Minimum Premiums Filed By NCCI and a -10% Deviation For Class Code 9082-  
Restaurants NOC

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Badger Mutual Insurance Company

Name of Company

Terry Falls - Workers' Compensation Coordinator

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision  
effective 01/01/2010.

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JAN 01 2010  
STATE OF ILLINOIS  
DEPARTMENT OF REVENUE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	261,042	-1.59%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No - applies to all class codes

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI Loss Costs and increase our Company LCM from 1.30 to 1.40.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

BancInsure, Inc.

Name of Company

Kathryn A. Shilling, Filings Analyst

Official - Title

# FILED

JAN 01 2010

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate  
revision effective 01/01/2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	<u>\$8,346,016</u>	<u>+0.1%</u>

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: N/A.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Bituminous Casualty Corporation and Bituminous Fire and Marine Insurance Company are filing to adopt NCCI's revised loss costs per circular IL-2009-08 and 11 while maintaining our current expense multiplier for each company. This filing will apply to all new and renewal business with effective dates on or after January 1, 2010.

This filing proposes an overall increase of 0.1%. This rate change is the combined effect of a 0.1% increase in NCCI's overall loss costs for industrial classes and no change to either company's expense multiplier.

The exception manual included with this filing contains no changes from our previously filed manual.

\* Adjusted to reflect all prior rate changes.

INS00106

\*\* Change in Company's premium level which will  
result from application of new rates.

Bituminous Casualty Corporation

Name of Company

Dan Trotter - Director - Rate Development & Filings  
Official - Title

**FILED**

JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 01/01/2010

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	<u>\$1,945,507</u>	<u>+0.1%</u>

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Bituminous Casualty Corporation and Bituminous Fire and Marine Insurance Company are filing to adopt NCCI's revised loss costs per circular IL-2009-08 and 11 while maintaining our current expense multiplier for each company. This filing will apply to all new and renewal business with effective dates on or after January 1, 2010.

This filing proposes an overall increase of 0.1%. This rate change is the combined effect of a 0.1% increase in NCCI's overall loss costs for industrial classes and no change to either company's expense multiplier.

The exception manual included with this filing contains no changes from our previously filed manual.

\* Adjusted to reflect all prior rate changes.

INS00106

\*\* Change in Company's premium level which will  
result from application of new rates.

Bituminous Fire and Marine Insurance Company  
Name of Company

Dan Trotter - Director - Rate Development & Filings  
Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$12,391,590	-0.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Chartis Casualty Company  
(f/k/a American International  
South Insurance Company)

Name of Company

Walter Murphy  
Filings Analyst

Official - Title

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JAN 01 2010

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SPRINGFIELD, ILLINOIS

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SPRINGFIELD

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective January 1, 2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>\$7,492,163</u>	<u>-0.1%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Chartis Property Casualty Company  
(f/k/a AIG Casualty Company)

Name of Company

Walter Murphy  
Filings Analyst

Official - Title

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DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

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DEPARTMENT OF INSURANCE  
SPRINGFIELD

# SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective 4/1/10

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$1,111,692</u>	<u>-0.10%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Postpone NCCI's effective date of approval circular IL-2009-11 from 1/1/10 to 4/1/10.

\* Adjust to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

COLUMBIA NATIONAL INS. CO.

Name of Company

**FILED**

APR 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Dennis McVay, CPCU

Director, Research & Development

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$41,272,436	-0.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**Commerce and Industry  
Insurance Company**

Name of Company

**Walter Murphy  
Filings Analyst**

Official - Title

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DEPARTMENT OF INSURANCE  
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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2010.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$6,500,000	0.0%
16. Other		
Line of Insurance		

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JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISDoes filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adopting NCCIVoluntary rates and rating values effective January 1, 2010 without deviation. Adopting NCCI January 1, 2010Experience Rating Plan values, expected loss rates and d-ratios, and NCCI retrospective rating plan values.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Continental Indemnity Company  
Name of CompanyJoan Klucarich, Actuary  
Official — Title

**FILED**

JAN 01 2010

Form (RF-3)

## SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by rate revision effective 1/1/2010

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other	\$8,761,166	-3.0%
Line of Insurance			

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

All territories, all classes with exception for class code 6204 Drilling NOC and Drivers rate of \$11.11.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting the advisory rates approved in NCCI circular IL-2009-11 at current modification of 1.00.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.EMCASCO Insurance Company

Name of Company

Don Coughenower - Assistant Vice President

Official - Title

H29219D

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

JAN 01 2010

Change in Company's premium or rate level produced by rate revision

effective 01/01/2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other WORKERS' COMPENSATION	14,250,972	-0.1%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: Filing is not class or territory particular.

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

Filing adopts voluntary rates approved for Illinois in NCCI Circular

IL-2009-11. No changes are being made to the loss cost multiplier, which will remain at 1.56.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Employers Assurance Company

Name of Company

Kelly S. Gregory, Underwriting Analyst

Official - Title

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NOV 20 2009

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

50 ILLINOIS ADMINISTRATIVE CODE

CHAPTER I, § 754  
SUBCHAPTER I

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

## FILED

JAN 01 2010

Change in Company's premium or rate level produced by rate  
effective January 1, 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>4,136,785</u>	<u>-18.8%</u>
<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): National Council on Compensation Insurance, Circular 14-2009-11, released 11-17-09.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Employers Compensation Insurance Co.  
Name of Company

Terry Marie Counce  
Official--Title

Senior Product Manager



## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2010

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance	\$4,590,969	-2.6%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

All territories, all classes with exception for class code 6204 Drilling NOC and Drivers rate of \$11.11.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting the advisory rates approved in NCCI circular IL-2009-11 at current modification of 1.00.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**FILED****JAN 01 2010****OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS**

H29219D

Employers Mutual Casualty Company

Name of Company

Don Coughenower - Assistant Vice President

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

JAN 01 2010

Change in Company's premium or rate level produced by rate revision effective 01/01/2010.

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other WORKERS' COMPENSATION Life of Insurance	719,146	-24.5%

Does filing only apply to certain territory (territories) or certain Classes? If so, specify:

Filing is not class or territory particular.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Filing adopts voluntary rates approved for Illinois in NCCI Circular IL-2009-11 and also makes a change to the company's loss cost multiplier, reducing the factor from 1.72 to 1.30.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Employers Preferred Insurance Company

Name of Company

Kelly S. Gregory, Underwriting Analyst

Official - Title

Change in Company's premium or rate level produced by rate  
revision effective January 1, 2010

(1)		(2)	(3)
Coverage		Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Workers Compensation	\$2,692,976	3.0%
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain  
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization):

We are adopting the NCCI approval 1/1/2010 voluntary loss costs, for new  
and renewal policies.

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.

Farmers Insurance Exchange  
Name of Company

**FILED**

JAN - 1 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

**FILED**

~~MAR - 1 2010~~

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

James J. Gebhard, FCAS, MAAA  
Actuary, Workers Compensation  
Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision  
effective 01-01-2010.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other wc	4,061,445	2.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No.

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): Loss cost adoption.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

**FILED**

JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Federated Rural Electric Insurance Exchange

Name of Company

Shelly George, Actuarial Asst.

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

JAN 01 2010

Change in Company's premium or rate level produced by rate revision  
effective January 1, 2010STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Worker's Compensation</u>	<u>\$14,025,139</u>	<u>-0.5%</u>
	<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): Adopt NCCI's 1-1-10 rate revision with a deviation factor of 1.00.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Frankenmuth Mutual Insurance Company

Name of Company

Wanda Raymond, R&D CL Senior Associate

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 1/1/2010

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	7,663,085	-1.17%
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the  
NCCI 1/1/10 rates.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

General Casualty Company of Wisconsin

Name of Company

Kendra Benninger - C/L Operations System Technician

Official - Title

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NOV 19 2009

 STATE OF ILLINOIS  
 DEPARTMENT OF INSURANCE  
 SPRINGFIELD

# FILED

JAN 01 2010

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>10,699,582</u>	<u>0.32%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the NCCI  
1/1/10 rates.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

General Casualty Insurance Company

Name of Company

Kendra Benninger - C/L Operations System Technician

Official - Title

**FILED****JAN 01 2010**

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$844,466	-0.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Granite State Insurance Company

Name of Company

Walter Murphy

Filings Analyst

Official - Title

H29219D

**FILED**

JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS**RECEIVED**

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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD



# ILLINOIS SUMMARY SHEET FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2010

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	5,744,259	4.1%
16.	Other _____		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify \_\_\_\_\_

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI

Advisory Rates, without deviation, approved under NCCI Circular IL-2009-11 to be effective January 1, 2010.

\* Adjusted to reflect all prior rate changes.

\*\* change in Company's premium level which will result from application of new rates.

Great West Casualty Company

Name of Company

Janice L. Hohenstein, CPCU

Actuarial Analyst

Official - Title

**FILED**

JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

JAN 01 2010

Change in Company's premium or rate level produced by rate revision effective 01-01-2010.

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$99,314	- 1.6%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No, all classes

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

The purpose of this filing is to adopt the NCCI Loss costs contained in approval circular IL-2009-11 effective 01-01-2010. Our loss cost multiplier will remain at 2.17. This will result in an overall rate change of -1.6% based on Harco's premium distribution.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Harco National Insurance Company

Name of Company

Al Birch, Sr. Vice President

Official - Title

## FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2010.

(1) <u>Coverage</u>	2008 (2) GPW Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	2,745,256	-1.27%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No certain territory. No certain class.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting National Council on Compensation Insurance (NCCI) 01/01/2010 Illinois Advisory Rates and Miscellaneous Values. We are applying -10% rate deviation to all classes.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates. Premium change reflects adoption of 01/01/2010 advisory rates and application of the above rate deviation.

Illinois Casualty Company

Name of Company

*Fred Parcels*

Official--Title

Fred Parcels, Program Manager

**FILED**

JAN 01 2010

Form (RF-3)

SUMMARY SHEET  
 STATE OF ILLINOIS  
 DEPARTMENT OF INSURANCE  
 SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective 1/1/2010

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other	\$3,225,999	-0.9%
Line of Insurance			

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

All territories, all classes with exception for class code 6204 Drilling NOC and Drivers rate of \$11.11.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting the advisory rates approved in NCCI circular IL-2009-11 at current modification of 1.00.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Illinois EMCASCO Insurance Company

Name of Company

Don Coughenower - Assistant Vice President

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$64,246,844	-0.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Illinois National Insurance Co.

Name of Company

Walter Murphy

Filings Analyst

Official - Title

**FILED**

JAN 01 2010

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DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

# SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective:

1/1/2010

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary & Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler & Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine _____		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Worker's Compensation	\$643,882	-10%
16. Other:		

**FILED**

JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? No

If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization) IMT Insurance is filing to change from using NCCI rates to using NCCI loss costs effective January 1, 2010. Manual pages are attached showing the multiplier we wish to use, the expense constant (same as NCCI's), the minimum premium formulas, and the maximum minimum premium (also same as NCCI's).

: \_\_\_\_\_

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

IMT Insurance Company

Name of Company

Jason Thompson, BA, MA Filing Analyst, Research & Development

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>\$27,639,086</u>	<u>-0.1%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

The Insurance Company of the  
State of PennsylvaniaName of Company

Walter Murphy

Filings AnalystOfficial - Title**FILED**

JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

JAN 01 2010

Change in Company's premium or rate level produced by rate revision  
effective January 1, 2010STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Life of Insurance	\$ 4,731,579 Man Prem @ CRL	+0.24% (Estimated)

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

Adoption of NCCI advisory loss cost filing IL-2009-08. Approval circular  
IL-2009- Michigan Commercial Insurance Mutual will adopt the NCCI filed and approved loss costs  
effective 1/1/10 with no class rate change to increase more than +10% or decrease more than -10%.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Michigan Commercial Insurance Mutual

Name of Company

Veronica Matejko Corporate Compliance & Statistics Manager

Official - Title



FORM (RF-3)  
SUMMARY SHEETChange in Company's premium or rate level produced by rate  
revision effective January 1, 2010

(1)	Coverage	(2)	(3)
		Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	\$4,238,000	0.0%
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain  
classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory  
organization, specify organization): We are adopting the NCCI approval 1/1/2010 voluntary loss costs, for new  
and renewal policies.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.**FILED**

JAN - 1 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS**FILED**

MAR - 1 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISMid-Century Insurance Company  
Name of Company*James J. Gebhard*  
James J. Gebhard, FCAS, MAAA  
Actuary, Workers Compensation

## Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by rate revisions  
effective January 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger		0.00%
Commercial		0.00%
2. Automobile Physical Damage		
Private Passenger		0.00%
Commercial		0.00%
3. Liability Other Than Auto		0.00%
4. Burglary and Theft		0.00%
5. Glass		0.00%
6. Fidelity		0.00%
7. Surety		0.00%
8. Boiler and Machinery		0.00%
9. Fire		0.00%
10. Extended Coverage		0.00%
11. Inland Marine		0.00%
12. Homeowners		0.00%
13. Commercial Multi-Peril		0.00%
14. Crop Hail		0.00%
15. Other Workers Compensation	\$1,015,280	0.00%
Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
classes? If so, specify: All territories.Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): Adopting NCCI's advisory rates effective 01-2010.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of  
new rates.

Midwest Family Mutual Insurance Company

Name of Company

FILED

Heather Sams, R&amp;D Analyst

Official--Title

MAR 17 1983

SOS - ISL - CODE UNIT

**FILED**  
ILLINOIS

JAN 01 2010

ILLINOIS SUMMARY SHEET  
FORM RF-3

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective:

1/1/2009  
2010

(1)	(2)	(3)	
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**	
1. Automobile Liability			
Private Passenger			
Commercial			
2. Automobile Physical Damage			
Private Passenger			
Commercial			
3. Liability Other than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Workers Compensation	12,332,445	+0.0%	
16. Other:			

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing (if filing follows rates of any advisory organization, specify organization).

Midwest Insurance Company will adopt the advisory rates effective January 1, 2010 with the following deviations  
code 3507 +12%, codes 4130, 4307, 5188, 5445, 5537, 7580, 8044, 8107, 8835, 8864, 9102, +10%, codes 7228,  
7229, 8292 +7%

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Midwest Insurance Company

Name of Company

Larry E. Hochstetler-VP Planning

Official - Title

**RECEIVED**

NOV 17 2009

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,856,244	-0.1%
16. Other _____		
Line of Insurance		

**FILED**

JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify \_\_\_\_\_

No \_\_\_\_\_

Brief description of filing (if filing follows rates of an advisory organization, specify organization) \_\_\_\_\_

Adoption of NCCI Workers Compensation Loss Cost Reference Filing Number IL-2009-11, effective 01/01/2010. \_\_\_\_\_

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

National Interstate Insurance Company  
Name of CompanyKathy Juhasz, Regulatory Compliance Spec.  
Official — Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective January 1, 2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>\$66,547,781</u>	<u>-0.1%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Rate filing based on NCCI's approved advisory loss costs.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.

**National Union Fire Insurance  
Company of Pittsburgh, Pa.**  
\_\_\_\_\_  
Name of Company

**Walter Murphy**  
**Filings Analyst**  
\_\_\_\_\_  
Official - Title

H29219D

**FILED**

JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$83,403,457	-0.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

New Hampshire Insurance Company

Name of Company

Walter Murphy

Filings Analyst

Official - Title

H29219D

**FILED**

JAN 01 2010

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DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS**RECEIVED**

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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2010.**FILED**

JAN - 1 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$ 896,522.00	- 0.1%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI Loss Costs effective 1/1/2010

(-0.1%) as filed and approved in Circular IL-2009-11. There are no other revisions.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

NOVA Casualty Company

Name of Company

*Shannon Tardiff*

Digitally signed by Shannon Tardiff  
DN: cn=Shannon Tardiff, email=Shannon.Tardiff@nova-casualty.com, o=NOVA Casualty Company, ou=NOVA Casualty Company, c=US

*Shannon Tardiff*

Official - Title

# FILED

~~MAILED~~ 7-1-2010

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate  
revision effective January 1, 2010.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>11,411,284</u>	<u>-1.7%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): Old Republic General Insurance Corporation  
Adoption of NCCI IL-2009-08 Advisory Loss  
Costs, Rates, and Rating Values

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.

Old Republic General Insurance Corporation  
Name of Company

Deborah J. Matthews - Assistant Vice President - Compliance  
Official - Title

# FILED

H2921

JAN - 1 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

INS00106



SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective January 1, 2010.

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>11,847,759</u>	<u>+11.7</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): Old Republic Insurance Company  
Adoption of NCCI IL-2009-08 Advisory Loss  
Costs, Rates, and Rating Values

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.

**FILED**

JAN - 1 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
H292132 SPRINGFIELD, ILLINOIS

Old Republic Insurance Company  
Name of Company

Deborah J. Matthews - Manager - Regulatory Compliance  
Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	2,248,128	+1.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: The loss cost multiplier for Class Code 8045 will remain unchanged at 1.427; Class Codes 7380 and 8835 will now have a separate loss cost multiplier of 1.524. The loss cost multiplier for all other classes will remain unchanged at 1.644. Please refer to the attached memorandum and exhibits for documentation of this change.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Cost Revisions - announced in Circular IL-2009-08

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Pharmacists Mutual Insurance Company  
Name of Company

Kris Laubenthal - Rate Filing Analyst  
Official - Title

# FILED

JAN - 1 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

**FILED**

JAN 01 2010

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by rate revision effective January 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$1,076,095</u>	<u>0.0%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopt NCCI Advisory Rates, Loss Costs and Rating Values referenced in Circular #IL-2009-11.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.Preferred Professional Insurance Company

Name of Company

Denise Hill, SVP, General Counsel, Corporate  
Compliance Officer

Official - Title

H29219D

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	13,247,296	-0.87%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the NCCI  
1/1/10 rates

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Regent Insurance Company

Name of Company

Kendra Benninger - C/L Operations System Technician

Official - Title

**FILED**

JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by rate revision  
effective \_\_\_\_\_.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$43,048	-0.1%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

This follows the 1-1-2010 loss cost filing on our behalf  
NCCI. Please reference NCCI circular IL-2009-11.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

SFM Mutual Insurance Company

Name of Company

Brian R. Bent, AVP & Director of Underwriting

Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2010

	(1)	(2)	(3)
	<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	347,345	-0.1%
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Tower Insurance Company of New York herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2010.

We wish to make this filing effective for all policies effective on or after January 1, 2010.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**FILED**

Tower Insurance Company of NY  
Name of Company

Faye V. Storch  
Senior Business Analyst  
Official - Title

JAN 01 2010

H29219D

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	-0-	0.0%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2010.

We wish to make this filing effective for all policies effective on or after January 1, 2010.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Tower National Insurance  
Company

Name of Company

Faye V. Storch  
Senior Business Analyst

Official - Title

**FILED**

JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate  
revision effective January 1, 2010

(1)		(2)	(3)
Coverage		Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Workers Compensation	\$9,042,152	-1.8%
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain  
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): We are adopting the NCCI approval 1/1/2010 voluntary loss costs, for new  
and renewal policies.

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.

Truck Insurance Exchange  
Name of Company

*James J. Gebhard*

James J. Gebhard, FCAS, MAAA  
Actuary, Workers Compensation  
Official - Title

**FILED**

JAN - 1 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

**FILED**

~~MAR - 1 2010~~

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS



# SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective: **1/1/2010**

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary & Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler & Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine _____		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Worker's Compensation	\$157.00	0%
16. Other:		

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JAN 01 2010  
STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? No

If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): **Wadena Insurance is filing to change from using NCCI rates to using NCCI loss costs effective January 1, 2010. Manual pages are attached showing the multiplier we wish to use, the expense constant (same as NCCI's), the minimum premium formulas, and the maximum minimum premium (also same as NCCI's).**

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Wadena Insurance Company  
Name of Company

Jason Thompson, BA, MA Filing Analyst, Research & Development  
Official - Title

# FILED

JAN 01 2010

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Change in Company's Premium or rate level produced by rate revision effective

1/1/2010

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$58,664,882 (2008)	-0.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of Illinois Workers Compensation rates from NCCI approved by Illinois of Insurance effective January 1, 2010

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.

West Bend Mutual Insurance Company  
Name of Company

Stephen J. Mueller, CPCU - Product Development Specialist  
Official - Title

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Form (RF-3)

## SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective January 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>23,078,990</u>	<u>+6.5</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Overall premium level change of + 6.5. Adopting January 1, 2010 advisory rates, and filing a deviation of 1.085 from the NCCI rates.

Westfield Insurance Company #228-24112

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will result from application of new rates.

# FILED

JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Westfield Insurance Co.  
Name of Company

Rhonda Roberts, CIC  
Production Specialist  
Underwriting Office- Commercial  
Official - Title

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NOV 20 2009

Form (RF-3)

## SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective January 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>2,980,208</u>	<u>-4.4</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Overall premium level change -4.4 and a previously filed deviation of 1.25 from the NCCI rates. Adopting January 1, 2010 advisory rates.

Westfield National Insurance Company #228-24120

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

# FILED

JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Westfield National Insurance Co.

Name of Company

Rhonda Roberts, CIC  
Production Specialist  
Underwriting Office - Commercial  
Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/10 -0.1%

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	58,533	-0.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_  
 Adopt loss costs eff 1/1/2010

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

XL Insurance America

Name of Company

Official – Title

**FILED**

JAN 0-1 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

5/6/10

-0.1%

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	4,140,490	-0.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adopt loss costs eff 1/1/2010

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

XL Specialty Insurance Company

Name of Company

Boyd Adams, Assistant vice President

Official - Title

# FILED

JAN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS